

Fill in this information to identify your case:

Debtor 1	Kerri M. Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN			
Case number (if known)	16-00522		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>85,000.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>41,522.00</u>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ <u>126,522.00</u>

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>114,892.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6f of <i>Schedule E/F</i>	\$ <u>80,099.00</u>

Your total liabilities	\$ <u>194,991.00</u>
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Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ <u>2,431.29</u>
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ <u>1,167.00</u>

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-8g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Debtor 1 Kerri M. Griffin
 the court with your other schedules.

Case number (if known) 16-00522

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	1,112.00
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9. Copy the following special categories of claims from Part 4, line 6 of **Schedule E/F**:

<u>From Part 4 on Schedule E/F, copy the following:</u>	<u>Total claim</u>
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>66,235.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>66,235.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	Kerri M. Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN			
Case number 16-00522			

Check if this is an amended filing

Official Form 106A/B**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.

Yes. Where is the property?

1.1

9760 7 MILE ROAD NE

Street address, if available, or other description

ROCKFORD MI 49341-0000

City State ZIP Code

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
-
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on **Schedule D: Creditors Who Have Claims Secured by Property**.

Current value of the entire property? Current value of the portion you own?
\$85,000.00 \$85,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple

Check if this is community property (see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other Information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$85,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on **Schedule G: Executory Contracts and Unexpired Leases.**

Debtor 1 Kerri M. GriffinCase number (if known) 16-00522**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No
 Yes

3.1 Make: FORD	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: EXPEDITION	<input checked="" type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: 2007	<input type="checkbox"/> Debtor 2 only	\$500.00	
Approximate mileage: 238,000	<input type="checkbox"/> Debtor 1 and Debtor 2 only	\$500.00	
Other information: APPROXIMATELY \$5,000 OF DAMAGE DONE IN DEER ACCIDENT ON 02/14/16	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this is community property (see instructions)		

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=> **\$500.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings
Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

MODEST GOODS AND FURNISHINGS IN HOME, NO ITEMS OF PARTICULAR VALUE
\$5,000.00
7. Electronics
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

1 TV, 1 DVD PLAYER, 1 DESKTOP COMPUTER, 1 PRINTER/SCANNER, 2 CELL PHONES, MISCELLANEOUS SMALL HOUSEHOLD ELECTRONICS
\$800.00
8. Collectibles of value
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

Debtor 1 Kerri M. GriffinCase number (if known) 16-00522**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe.....

CLOTHING**\$300.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No
 Yes. Describe.....

OLD WEDDING RING AND VARIOUS SMALL ITEMS OF COSTUME JEWELRY**\$300.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses

No
 Yes. Describe.....

1 DOG & 1 CAT**\$2.00****14. Any other personal and household items you did not already list, including any health aids you did not list**

No
 Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**\$6,402.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?
 Do not deduct secured claims or exemptions.**

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes.....

CASH**\$85.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes.....

Institution name:

HUNTINGTON NATIONAL BANK, CHECKING AND SAVINGS, BOTH NEGATIVE AND TO BE DISCHARGED**\$2.00**

17.1.

EDWARD JONES ACCOUNT FROM WHEN DEBTOR SERVED AS DISABILITY PAYEE FOR HER NOW EX-HUSBAND**\$1.00**

17.2.

Debtor 1 Kerri M. GriffinCase number (if known) 16-00522

**DIRECT EXPRESS DEBIT CARD ACCOUNT
TO RECEIVE CHILD SUPPORT PAYMENTS,
HAD NO DEPOSITS MADE INTO IT UNTIL
02/22/16, POST-PETITION**

17.3.

\$0.00

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable Instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments*Your share of all unused deposits you have made so that you may continue service or use from a company**Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them...**Money or property owed to you?**

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

Debtor 1 Kerri M. GriffinCase number (if known) 16-00522**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

	REFUND EXPECTED UPON FILING OF AMENDED 2015 FEDERAL RETURN	\$532.00
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29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information.....

BACK CHILD SUPPORT OWED TO DEBTOR	CHILD SUPPORT	\$4,000.00
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30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.....

**DEBTOR V JOANN AMASH CLAIMING DAMAGES ARISING
FROM HAVING SOLD HER HOME KNOWING IT WAS
INFESTED WITH BLACK MOLD, PENDING IN KENT COUNTY
CIRCUIT COURT; PROCEEDS TO BE USED TO REPAIR THE
HOME**

\$30,000.00**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached
for Part 4. Write that number here.....****\$34,620.00**

Debtor 1 Kerri M. GriffinCase number (if known) 16-00522**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?***Examples:* Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here**\$0.00****Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2	.....	\$85,000.00
56. Part 2: Total vehicles, line 5	.....	\$500.00
57. Part 3: Total personal and household items, line 15	.....	\$6,402.00
58. Part 4: Total financial assets, line 36	.....	\$34,620.00
59. Part 5: Total business-related property, line 45	.....	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	.....	\$0.00
61. Part 7: Total other property not listed, line 54	+	\$0.00
62. Total personal property. Add lines 56 through 61...	\$41,522.00	Copy personal property total \$41,522.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$126,522.00

Fill in this information to identify your case:

Debtor 1	Kerri M. Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN			
Case number (if known)	<u>16-00522</u>		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
MODEST GOODS AND FURNISHINGS IN HOME, NO ITEMS OF PARTICULAR VALUE Line from <i>Schedule A/B</i> : 6.1	\$5,000.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
1 TV, 1 DVD PLAYER, 1 DESKTOP COMPUTER, 1 PRINTER/SCANNER, 2 CELL PHONES, MISCELLANEOUS SMALL HOUSEHOLD ELECTRONICS Line from <i>Schedule A/B</i> : 7.1	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
CLOTHING Line from <i>Schedule A/B</i> : 11.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
OLD WEDDING RING AND VARIOUS SMALL ITEMS OF COSTUME JEWELRY Line from <i>Schedule A/B</i> : 12.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
1 DOG & 1 CAT Line from <i>Schedule A/B</i> : 13.1	\$2.00	<input checked="" type="checkbox"/> \$2.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
CASH Line from Schedule A/B: 16.1	\$85.00	<input checked="" type="checkbox"/> \$85.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
HUNTINGTON NATIONAL BANK, CHECKING AND SAVINGS, BOTH NEGATIVE AND TO BE DISCHARGED Line from Schedule A/B: 17.1	\$2.00	<input checked="" type="checkbox"/> \$2.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
EDWARD JONES ACCOUNT FROM WHEN DEBTOR SERVED AS DISABILITY PAYEE FOR HER NOW EX-HUSBAND Line from Schedule A/B: 17.2	\$1.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
REFUND EXPECTED UPON FILING OF AMENDED 2015 FEDERAL RETURN: Line from Schedule A/B: 28.1	\$532.00	<input checked="" type="checkbox"/> \$532.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
CHILD SUPPORT: BACK CHILD SUPPORT OWED TO DEBTOR Line from Schedule A/B: 29.1	\$4,000.00	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(D)
DEBTOR V JOANN AMASH CLAIMING DAMAGES ARISING FROM HAVING SOLD HER HER HOME KNOWING IT WAS INFESTED WITH BLACK MOLD, PENDING IN KENT COUNTY CIRCUIT COURT; PROCEEDS TO BE USED TO REPAIR THE HOME Line from Schedule A/B: 33.1	\$30,000.00	<input checked="" type="checkbox"/> \$7,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	Kerri M. Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN			
Case number (if known)	16-00522		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 CREDIT ACCEPTANCE CORPORATION	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
Creditor's Name 25505 WEST 12 MILE ROAD SOUTHFIELD, MI 48034 Number, Street, City, State & Zip Code	2007 FORD EXPEDITION 238,000 miles APPROXIMATELY \$5,000 OF DAMAGE DONE IN DEER ACCIDENT ON 02/14/16	\$6,892.00	\$500.00	\$6,392.00

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number _____

2.2 US BANK HOME MORTGAGE	Describe the property that secures the claim:	\$0.00	\$30,000.00	\$0.00
Creditor's Name 4801 FREDERICA STREET OWENSBORO, KY 42301 Number, Street, City, State & Zip Code	DEBTOR V JOANN AMASH CLAIMING DAMAGES ARISING FROM HAVING SOLD HER HOME KNOWING IT WAS INFESTED WITH BLACK MOLD, PENDING IN KENT COUNTY CIRCUIT COURT; PROCEEDS TO BE USED TO REPAIR THE HOME	\$0.00	\$30,000.00	\$0.00

Who owes the debt? Check one.

Schedule D: Creditors Who Have Claims Secured by Property

Debtor 1 **Kerri M. Griffin**

First Name Middle Name Last Name

Case number (if known)

16-00522

Debtor 1 only An agreement you made (such as mortgage or secured car loan)

Debtor 2 only Statutory lien (such as tax lien, mechanic's lien)

Debtor 1 and Debtor 2 only Judgment lien from a lawsuit

At least one of the debtors and another Other (including a right to offset) _____

Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

2.3 US BANK HOME MORTGAGE

Creditor's Name

4801 FREDERICA STREET OWENSBORO, KY 42301

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

9760 7 MILE ROAD NE ROCKFORD, MI 49341 KENT County

\$108,000.00

\$85,000.00

\$23,000.00

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)

Statutory lien (such as tax lien, mechanic's lien)

Judgment lien from a lawsuit

Other (including a right to offset) _____

Check if this claim relates to a community debt

Date debt was incurred **7/16/12**Last 4 digits of account number **3984**

\$114,892.00
\$114,892.00

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

 Name Address**-NONE-**

On which line in Part 1 did you enter the creditor?

Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Kerri M. Griffin	
	First Name	Middle Name
Debtor 2 (Spouse if, filing)	Last Name	
	First Name	Middle Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN	
Case number (if known)	16-00522	

Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Total claim
Account Receivables So Nonpriority Creditor's Name 301 N Clinton Ave Saint Johns, MI 48879	Last 4 digits of account number 2834 \$618.00
Number Street City State Zip Code	When was the debt incurred? Opened 5/01/13
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Student loans
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
	Collection Attorney Independent Bank-Cascade Grand

Debtor 1 Kerri M. GriffinCase number (if known) 16-00522

4.2

Account Receivables So

Nonpriority Creditor's Name

301 N Clinton Ave**Saint Johns, MI 48879**

Number Street City State Zip Code

Who incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number

6485\$385.00

When was the debt incurred?

Opened 8/01/12

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Attorney Emergency Care Specialists-Blo

4.3

Allied Collection Grou

Nonpriority Creditor's Name

400 Allied Ct**Zeeland, MI 49464**

Number Street City State Zip Code

Who incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number

3036\$272.00

When was the debt incurred?

Opened 10/01/14

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Attorney Spectrum Health Hospitals

4.4

Allied Collection Grou

Nonpriority Creditor's Name

400 Allied Ct**Zeeland, MI 49464**

Number Street City State Zip Code

Who incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number

8517\$216.00

When was the debt incurred?

Opened 12/01/14

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Attorney Spectrum Health Medical Group

Debtor 1 Kerri M. Griffin

Case number (if known)

16-00522

4.5

Allied Collection Grou

Nonpriority Creditor's Name

400 Allied Ct**Zeeland, MI 49464**

Number Street City State Zip Code

Who Incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt
Is the claim subject to offset? No Yes

Last 4 digits of account number

1843\$1,226.00

When was the debt incurred?

Opened 1/01/13

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Attorney Spectrum Health Hospitals

4.6

Allied Collection Grou

Nonpriority Creditor's Name

400 Allied Ct**Zeeland, MI 49464**

Number Street City State Zip Code

Who Incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt
Is the claim subject to offset? No Yes

Last 4 digits of account number

2806\$173.00

When was the debt incurred?

Opened 12/01/14

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Attorney West Michigan Heart

4.7

Diversified Consultant

Nonpriority Creditor's Name

10550 Deerwood Park Blvd**Jacksonville, FL 32256**

Number Street City State Zip Code

Who Incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt
Is the claim subject to offset? No Yes

Last 4 digits of account number

1300\$795.00

When was the debt incurred?

Opened 4/01/13

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Attorney Sprint

Debtor 1 **Kerri M. Griffin**Case number (if known) **16-00522**

4.8	Dpt Ed/slm Nonpriority Creditor's Name Po Box 9635 Wilkes Barre, PA 18773	Last 4 digits of account number 0517	\$0.00
<p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p>When was the debt incurred? Opened 5/17/10 Last Active 4/19/11</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>			
Educational			
4.9	Dpt Ed/slm Nonpriority Creditor's Name Po Box 9635 Wilkes Barre, PA 18773	Last 4 digits of account number 0914	\$0.00
<p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p>When was the debt incurred? Opened 9/14/09 Last Active 4/19/11</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>			
Educational			
4.10	Dpt Ed/slm Nonpriority Creditor's Name Po Box 9635 Wilkes Barre, PA 18773	Last 4 digits of account number 0914	\$0.00
<p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p>When was the debt incurred? Opened 9/14/09 Last Active 4/19/11</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>			
Educational			

Debtor 1 Kerri M. GriffinCase number (if known) 16-00522

4.11	Dpt Ed/slm Nonpriority Creditor's Name Po Box 9635 Wilkes Barre, PA 18773	Last 4 digits of account number 0517	\$0.00
Number Street City State Zip Code Who Incurred the debt? Check one.		When was the debt incurred? Opened 5/17/10 Last Active 4/19/11	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
Educational			
4.12	General Revenue Corp Nonpriority Creditor's Name 4660 Duke Dr Ste 300 Mason, OH 45040	Last 4 digits of account number 7396	\$2,569.00
Number Street City State Zip Code Who Incurred the debt? Check one.		When was the debt incurred? Opened 3/01/15 Last Active 5/15/15	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Cornerstone University	
4.13	HUNTINGTON NATIONAL BANK Nonpriority Creditor's Name 40 PEARL STREET NW GRAND RAPIDS, MI 49503	Last 4 digits of account number _____	\$1,800.00
Number Street City State Zip Code Who Incurred the debt? Check one.		When was the debt incurred? _____	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify OVERDRAWN CHECKING AND SAVINGS ACCOUNTS, APPROXIMATELY	

Debtor 1 Kerri M. GriffinCase number (if known) 16-00522

4.14	Lake Michigan Credit U Nonpriority Creditor's Name 4027 Lake Dr Grand Rapids, MI 49546 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <u>2550</u>	\$1,121.00
		When was the debt incurred? <u>Opened 8/01/12 Last Active 8/19/14</u>	
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	
4.15	Lake Michigan Credit U Nonpriority Creditor's Name 4027 Lake Dr Se Grand Rapids, MI 49546 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <u>0000</u>	\$2,437.00
		When was the debt incurred? <u>Opened 8/01/12 Last Active 12/17/14</u>	
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Automobile</u>	
4.16	Money Recovery Nationw Nonpriority Creditor's Name 8155 Executive Ct Ste 10 Lansing, MI 48917 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <u>2947</u>	\$484.00
		When was the debt incurred? <u>Opened 2/01/13</u>	
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Western Michigan Pediatrics Ca</u>	

Debtor 1 Kerri M. GriffinCase number (if known) 16-00522

4.17

Portfolio Rc

Nonpriority Creditor's Name

**120 Corporate Blvd Ste 1
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

2479\$1,147.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Capital One Bank Usa N A

4.18

Portfolio Rc

Nonpriority Creditor's Name

**120 Corporate Blvd Ste 1
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

3388\$621.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Ge Capital Retail Bank

4.19

Slim Financial Corp

Nonpriority Creditor's Name

**Po Box 9500
Wilkes-barre, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

0517\$0.00Opened 5/01/10 Last Active9/01/10

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Educational

Debtor 1 Kerri M. GriffinCase number (if known) 16-00522

4.20	Slim Financial Corp Nonpriority Creditor's Name Po Box 9500 Wilkes-barre, PA 18773 Number Street City State Zip Code	Last 4 digits of account number <u>0517</u>	\$0.00
	Who incurred the debt? Check one.	Opened 5/01/10 Last Active 9/01/10	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	Educational		
4.21	Slim Financial Corp Nonpriority Creditor's Name Po Box 9500 Wilkes-barre, PA 18773 Number Street City State Zip Code	Last 4 digits of account number <u>0914</u>	\$0.00
	Who incurred the debt? Check one.	Opened 9/01/09 Last Active 9/01/10	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	Educational		
4.22	Sim Financial Corp Nonpriority Creditor's Name Po Box 9500 Wilkes-barre, PA 18773 Number Street City State Zip Code	Last 4 digits of account number <u>0914</u>	\$0.00
	Who incurred the debt? Check one.	Opened 9/01/09 Last Active 9/01/10	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	Educational		

Debtor 1 Kerri M. Griffin

Case number (if known)

16-00522

4.23

Syncb/amazon

Nonpriority Creditor's Name

Po Box 965015
Orlando, FL 32896

Number Street City State Zip Code

Who Incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

3388\$0.00

When was the debt incurred?

Opened 11/20/11 Last Active
12/20/13

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Charge Account

4.24

Us Dept Of Ed/gleisi

Nonpriority Creditor's Name

2401 International
Madison, WI 53704

Number Street City State Zip Code

Who Incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

1577\$17,484.00

When was the debt incurred?

Opened 9/01/09 Last Active
1/31/16

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.25

Us Dept Of Ed/gleisi

Nonpriority Creditor's Name

Po Box 7860
Madison, WI 53707

Number Street City State Zip Code

Who Incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

8581\$48,751.00

When was the debt incurred?

Opened 9/01/10 Last Active
1/31/16

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 Kerri M. GriffinCase number (if known) 16-00522**-NONE-**

Line of (Check one):

Part 1: Creditors with Priority Unsecured Claims
Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <u>0.00</u>
Total claims from Part 2	6e. Total. Add lines 6a through 6d.	6e. \$ <u>0.00</u>
	6f. Student loans	6f. Total Claim \$ <u>66,235.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <u>13,864.00</u>
	6j. Total. Add lines 6f through 6i.	6j. \$ <u>80,099.00</u>

Fill in this information to identify your case:

Debtor 1	Kerri M. Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN			
Case number (if known)	16-00522		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the Instructions for this form in the Instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for
2.1			Name
Number	Street		
City	State	ZIP Code	
2.2			Name
Number	Street		
City	State	ZIP Code	
2.3			Name
Number	Street		
City	State	ZIP Code	
2.4			Name
Number	Street		
City	State	ZIP Code	
2.5			Name
Number	Street		
City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	Kerri M. Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN			
Case number (if known)	16-00522		

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1	Name	<input type="checkbox"/> Schedule D, line _____
	Number Street	<input type="checkbox"/> Schedule E/F, line _____
	City	<input type="checkbox"/> Schedule G, line _____
<hr/>		
3.2	Name	<input type="checkbox"/> Schedule D, line _____
	Number Street	<input type="checkbox"/> Schedule E/F, line _____
	City	<input type="checkbox"/> Schedule G, line _____
<hr/>		

Fill in this information to identify your case.

Debtor 1	<u>Kerri M. Griffin</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF MICHIGAN</u>
Case number (if known)	<u>16-00522</u>

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>CUSTOMER SERVICE REP</u>	
Employer's name	<u>FAMILY CHRISTIAN STORES, LLC</u>	
Employer's address	<u>5300 PATTERSON AVE SE GRAND RAPIDS, MI 49530</u>	

How long employed there? 5 MONTHS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
2. \$ <u>667.36</u>	\$ <u>N/A</u>
3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. \$ <u>667.36</u>	\$ <u>N/A</u>

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

Debtor 1 **Kerri M. Griffin**Case number (if known) **16-00522**

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
5. List all payroll deductions:	4. \$ 667.36	\$ N/A
5a. Tax, Medicare, and Social Security deductions	5a. \$ 51.07	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 51.07	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 616.29	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 1,058.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>BRIDGE CARD (FOOD STAMPS)</u>	8f. \$ 357.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify: <u>HELP FROM FAMILY</u>	8h. + \$ 400.00	+ \$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,815.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,431.29	+ \$ N/A = \$ 2,431.29
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 2,431.29	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Combined monthly income

Fill in this information to identify your case:

Debtor 1	<u>Kerri M. Griffin</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF MICHIGAN</u>
Case number (If known)	<u>16-00522</u>

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.	<input checked="" type="checkbox"/> Yes.	Fill out this information for each dependent.....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents names.			<u>Daughter</u>	<u>16</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
			_____	_____	_____
			_____	_____	_____
			_____	_____	_____

3. Do your expenses include expenses of people other than yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)



4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes	4a. \$ <u>0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. \$ <u>0.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. \$ <u>50.00</u>
4d. Homeowner's association or condominium dues	4d. \$ <u>0.00</u>
5. Additional mortgage payments for your residence, such as home equity loans	5. \$ <u>0.00</u>

Debtor 1 Kerri M. Griffin

Case number (if known)

16-00522

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 200.00
	6b. Water, sewer, garbage collection	6b. \$ 16.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 116.00
	6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 375.00	
8. Childcare and children's education costs	8. \$ 0.00	
9. Clothing, laundry, and dry cleaning	9. \$ 20.00	
10. Personal care products and services	10. \$ 40.00	
11. Medical and dental expenses	11. \$ 100.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 250.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 0.00	
14. Charitable contributions and religious donations	14. \$ 0.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 0.00	
15b. Health Insurance	15b. \$ 0.00	
15c. Vehicle Insurance	15c. \$ 0.00	
15d. Other Insurance. Specify: _____	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00	
17. Installment or lease payments:	17a. \$ 0.00	
17b. Car payments for Vehicle 1	17b. \$ 0.00	
17c. Car payments for Vehicle 2	17c. \$ 0.00	
17d. Other. Specify: _____	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00	
19.		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify: _____	21. +\$ 0.00	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ 1,167.00	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 1,167.00	
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ 2,431.29	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 1,167.00	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ 1,264.29	

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1	Kerri M. Griffin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN			
Case number (if known)	16-00522		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

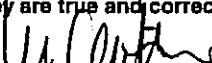
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

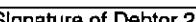
Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X


Kerri M. Griffin
Signature of Debtor 1

X


Signature of Debtor 2

Date

2/27/16

Date